00	FILED DEC	16 1950	THE DIVISION OF HE STANDARD CERTIF		State File No.	10827
	BIRTH NO.		_ REG. DIST. NO	PRIMARY REG. DIST. NO. 1	002 Registrar's No	. 4997
	1. PLACE OF DE a. COUNTY	атн Га с kson		2 USUAL RESIDENCE a. STATE Missouri	Where deceased lived. If it b. COUNTY J	netitution: residence before
		orporate limits. write R	URAL and give c. LENGTH OF STAY (in this pleas	c. CITY (If outside corporate limit OR TOWN Rural. V	vashington	raship)
	d. FULL NAME OF HOSPITAL OR INSTITUTION	(U not in bospital or in Trinity	Lutheran Hospita	d. STREET (If rural	st Martin C:	
PERMANENT RECORD	3. NAME OF DECEASED (Type or Print)	a. (First) Zula	b. (Middle) B.	c. (Last) Lawson	4. DATE (Month)	(Day) (Yesr)
7		COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Bpedfy)	8. DATE OF BIRTH Apr. 3,1884	9. AGE (In years of more last birthday) Months	R I YEAR # CHOCK N MYS.
1	10a. USUAL OCCUPATIOn dome during most of world housewif	ON (Objecting of work	10b. KIND OF BUSINESS OR IN- OWN home	11. BIRTHPLACE (State or foreign of Jackson Co, Mi	ooustry)	12. CITIZEN OF WHAT
	3a. FATHER'S NAME Robert F.	<u> </u>	13b. MOTHER'S MAIDEN Sadie McPhe	NAME 14. NA	ME OF HUSBAND OR WI In R. Lawson	 FE
	15. WAS DECEASED EVE (Yee, no, or unknown) (II	R IN U.S. ARMED F	ORCES? 16. SOCIAL SECURITY	John R. Lawso	ATURE OR NAME	ADDRESS
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CO DIRECTLY LEAD!	MEDICAL C	ERTIFICATION C HEPATITI	J	INTERVAL BETWEEN ORSET AND DEATH
	*This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT CA	if any giring DUE TO (b)	recenteric Th	rombosis	
etc. It means the dis- ease, injury, or complica-		rise to the above cause (a) stating the underlying cause last. DUE TO (c)				'
	tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5702	
	19a. DATE OF OPERA- TION		INGS OF OPERATION		 	20. AUTOPSY7
	ZIA. ACCIDENT SUICIDE HOMICIDE	(Specify) 2 b	1b. PLACE OF INJURY (e.g., in or about ome, farm, fastory, street, office bidg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP	P) (COUNTY)	YES 12 NO L
	21d. TIME (Month) OF INJURY	(Day) (Year) (H	Zour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK ATWORK	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from (A The logs of to, 19, that I last saw the deceased was alive on, 19, and that death occurred at, from the causes and on the date stated above.						
	23a. SIGNATURE Jack H. HIII (Degree or title) 23b. ADDRESS Landowniel M. D. O 3001 Wylmdoll St /(CE no Z7nv Jo					
(24 BURIAL CREMA- TION PENDVAP (Breedly)	Nov.28	, 50 Belton		TION (City, town, or cour Belton	, · , · - ·
	DATE REC'D BY LOCAL REG. 1/-27-50	REGISTRAR'S SIG	Chine Holmes	25. FUNERAL BIRECTOR'S S		odress
=		1	(Licensed Embalmer's St.	stement on Reverse Eide)	· · · · · · · · · · · · · · · · · · ·	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.... working under my personal supervision.

Licensed Embalmer No. 36 9 Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.